

South Carolina Notification and Reporting Form DHEC 2701



Notification and Reporting Form
Bureau of Land & Waste Management
Hazardous Waste Compliance and Enforcement Section
2600 Bull Street, Columbia, SC 29201

(Official Use Only)

KEY ID: _____

Federal: _____

District: _____

State: _____

Refer to the INSTRUCTIONS. **Important Note:** This form will supersede all previous forms submitted by your company. Provide information on all current activities at your company.

Company's EPA ID Number: _____

- I. First Notification or Subsequent Notification:** Mark "X" in the appropriate box to indicate whether this is your company's First Notification of regulated waste activity or a Subsequent Notification.
- ☐ A. **First Notification:** (To obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☐ B. **Subsequent Notification:** (Complete Company's EPA ID Number Box and information that has changed).
1. ☐ Small Quantity Generator Annual Declaration _____ Year
2. ☐ Business Closed At This Location (EPA ID# will be deactivated)

II. Name of Company (Include company specific site name)

III. Location of Company (Physical address not P.O. Box or Route #)

Street: _____

City: _____ State: _____ Zip Code: _____

County: _____

IV. Company's Mailing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

V. Company's Contact Person (Person to be contacted regarding waste activities)

Last: _____ First: _____

Title: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Land Type: _____

VI. Name of Company's Legal Owner

Street: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Owner Type: _____ Change of Owner: ☐ Yes ☐ No Date Changed: _____

VII. Name of Company's Operator

Street: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Operator Type: _____ Change of Operator: ☐ Yes ☐ No Date Changed: _____

<p>VIII. Type of Regulated Waste Activity (Mark "X" in the appropriate boxes. Refer to instructions).</p> <p>A. Hazardous Waste Activity</p> <p>1. Generator (choose only one of the following three categories)</p> <p><input type="checkbox"/> a. LQG: Greater than 1000 kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. SQG: 100 to 1000 kg/mo (220-2,200 lbs.)</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs.)</p> <p>In addition, indicate other generator activities (check all that apply)</p> <p><input type="checkbox"/> d. United States Importer of Hazardous Waste</p> <p><input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p> <p>B. Universal Waste Activities</p> <p>1. Large Quantity Generator of Universal Waste (refer to Regulations to determine what is regulated). Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Generated</th> <th style="width: 20%; text-align: center;">Accumulated</th> </tr> </thead> <tbody> <tr><td>a. Batteries</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>b. Pesticides</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>c. Thermostats</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>d. Lamps</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>e. Other (specify)</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> <p>2. <input type="checkbox"/> Destination Facility of Universal Waste (NOTE: A hazardous waste permit may be required for this activity)</p>		Generated	Accumulated	a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>	d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>	e. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th colspan="10">Company's EPA ID Number</th> </tr> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table> <p><input type="checkbox"/> 2. Transporter of Hazardous Waste (NOTE: A permit is required for this activity)</p> <p><input type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) (NOTE: A permit is required for this activity; see instructions)</p> <p><input type="checkbox"/> 4. Recycler of Hazardous Waste (at your site) (NOTE: A hazardous waste permit may be required for this activity)</p> <p>5. Exempt Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, Refining Furnace Exemption</p> <p>C. Used Oil Activities</p> <p>1. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p><input type="checkbox"/> 3. Off-Specification Used Oil Burner</p> <p>4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p>	Company's EPA ID Number																			
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IX. Comments _____

X. Description of Regulated Waste (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark "X" in the boxes corresponding to the characteristics of nonlisted hazardous wastes your company handles.

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s). Continue in Section B if necessary).								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> </tr> </table>								

B. Listed Hazardous Wastes or Other Wastes . (See instructions)

1	2	3	4	5	6
7	8	9	10	11	12

XI. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimized the present and future threat to human health and the environment.

Signature	Name and Official Title (type or print)	Date Signed
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Company's EPA ID Number

XII. Description of Regulated Wastes Continued (Additional sheet)

B. Listed Hazardous Waste or other Wastes (Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114